

DEPARTMENT OF COMMERCE AND INSURANCE  
TENNESSEE STATE BOARD OF ACCOUNTANCY  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1141  
Telephone: 615-741-2550 - FAX 615-532-8800  
[www.tn.gov/commerce/boards/tnsba](http://www.tn.gov/commerce/boards/tnsba)



**CPA FIRM CHANGE OF ADDRESS FORM**

Rule 0020-3-.16 requires licensees to notify the Board of a change of address or employment within 30 days. A fee of \$25.00 should accompany this change form if 30 days have passed without notification.

FIRM NAME \_\_\_\_\_ License No. \_\_\_\_\_

Resident Manager: \_\_\_\_\_ License No. \_\_\_\_\_

When did the address change? \_\_\_\_\_ [Check address(es) to be changed]

Requested Address Change(s): Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

**NEW PHYSICAL ADDRESS:** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**NEW MAILING ADDRESS:** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Has the ownership make-up of the firm changed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please submit completed Attachments A, B, C, and D found on the web at:

<http://tn.gov/commerce/boards/tnsba/forms.shtml>

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE